

<i>SERFF Tracking Number:</i>	<i>THRV-127386683</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>49635</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS02I Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS02I.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Prestandard Med Supp Rates [2012]</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Prestandard Med Supp Rates [2012] SERFF Tr Num: THRV-127386683 State: Arkansas

TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved-Closed State Tr Num: 49635

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Approved-Closed

Filing Type: Rate
 Author: Julie Panaro
 Date Submitted: 08/25/2011
 Reviewer(s): Stephanie Fowler
 Disposition Date: 10/04/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: Resubmission	Previous Filing Number: 49324
Individual Market Type:	Overall Rate Impact: 7.5%
Filing Status Changed: 10/04/2011	
State Status Changed: 10/04/2011	Deemer Date:
Created By: Julie Panaro	Submitted By: Julie Panaro
Corresponding Filing Tracking Number:	

Filing Description:

****This is a resubmission of a previously disapproved filing. We have included additional documentation for your consideration and review of this filing****

2012 Premium Rate Revision for Prestandardized Medicare Supplement Contracts & Riders

The purpose of this rate filing is to demonstrate that the anticipated lifetime loss ratio of Thrivent Financial for Lutheran's

SERFF Tracking Number: THRV-127386683 State: Arkansas
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 49635
Company Tracking Number:
TOI: MS021 Individual Medicare Supplement - Pre- Sub-TOI: MS021.000 Medicare Supplement - Pre-
Standardized Standardized
Product Name: Prestandard Med Supp Rates [2012]
Project Name/Number: /

pre-standardized Medicare supplement insurance meets the minimum requirements for your state. This filing is also intended to request approval of a 7.5% premium increase for Forms 4922AR et al., Forms 4952AR et al., and Forms H1-MS-1 et al.

These contracts and riders are no longer issued as new business, so the rate revisions will apply to inforce business only.

Our last rate filing for these forms was approved by your Department on 09/08/2010 [State Tracking #46587].

If you have any questions regarding the rate information provided, please contact our actuary, Joel Kabala, by phone at 1-800-847-4836, ext.35580, or email joel.kabala@thrivent.com.

Company and Contact

Filing Contact Information

Julie Panaro, Compliance Specialist II julie.panaro@thrivent.com
625 Fourth Ave S 800-847-4836 [Phone] 36473 [Ext]
Minneapolis, MN 55415 612-844-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans CoCode: 56014 State of Domicile: Wisconsin
4321 North Ballard Road Group Code: 2938 Company Type: Fraternal
Appleton, WI 54919-0001 Group Name: State ID Number:
(800) 847-4836 ext. [Phone] FEIN Number: 39-0123480

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 fee for Prestandardized Med Supp rates
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$50.00	08/25/2011	50963272

State: *Arkansas*

State Tracking Number: 49635

Company Tracking Number:

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: *Prestandard Med Supp Rates [2012]*

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/04/2011	10/04/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/15/2011	09/15/2011	Julie Panaro	10/04/2011	10/04/2011

SERFF Tracking Number: *THRV-127386683* State: *Arkansas*
Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *49635*
Company Tracking Number:
TOI: *MS02I Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS02I.000 Medicare Supplement - Pre-Standardized*
Product Name: *Prestandard Med Supp Rates [2012]*
Project Name/Number: */*

Disposition

Disposition Date: 10/04/2011

Implementation Date: 01/01/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 4% has been approved to be implemented on or after January 1, 2012. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Thrivent Financial for Lutherans	7.500%	7.500%	\$5,486	13	\$73,142	7.500%	7.500%

SERFF Tracking Number: *THRV-127386683* State: *Arkansas*

Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *49635*

Company Tracking Number:

TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*

Product Name: *Prestandard Med Supp Rates [2012]*

Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate (revised)	Prestandard Medicare Supplement Contracts & Riders	Approved-Closed	Yes
Rate	Prestandard Medicare Supplement Contracts & Riders	Disapproved	No
Rate (revised)	Prestandard Medicare Supplement Contracts & Riders	Approved-Closed	Yes
Rate	Prestandard Medicare Supplement Contracts & Riders	Disapproved	No
Rate (revised)	Prestandard Medicare Supplement Contracts & Riders	Approved-Closed	Yes
Rate	Prestandard Medicare Supplement Contracts & Riders	Disapproved	No

SERFF Tracking Number: *THRV-127386683* State: *Arkansas*
Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *49635*
Company Tracking Number:
TOI: *MS02I Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS02I.000 Medicare Supplement - Pre-Standardized*
Product Name: *Prestandard Med Supp Rates [2012]*
Project Name/Number: */*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/15/2011
Submitted Date 09/15/2011
Respond By Date 10/17/2011

Dear Julie Panaro,

We disagree with the position set forth in your correspondence of August 25 and maintain that we are fully within our rights to deny your rate increase request for the previously stated reasons. However, in the interest of expediting this matter we are willing to grant a 4% increase at this time. If you do not agree to 4% our previous denial stands.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

<i>SERFF Tracking Number:</i>	<i>THRV-127386683</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Thrivent Financial for Lutherans</i>	<i>State Tracking Number:</i>	<i>49635</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
<i>Product Name:</i>	<i>Prestandard Med Supp Rates [2012]</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/04/2011
Submitted Date	10/04/2011

Dear Stephanie Fowler,

Comments:

Response to Objection Letter dated 09/15/2011

Response 1

Comments: We are accepting your proposal of a 4% increase. Please see the attached Supplemental Actuarial Memorandum II. Revised rates have also been attached to the Rate Schedule.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: Attached are the following documents:

- Actuarial Memorandum & Rate Justification (includes Actuarial Certification)
- Supplemental Actuarial Memorandum [in response to Objection Letter dated 08/16/2011 on previous filing #49324]
- Supplemental Actuarial Memorandum II [in response to Objection Letter dated 09/15/2011]
- Supporting Documentation (Experience Exhibits, Claim Cost Assumptions, Proposed/Current Premiums, Loss Ratio Projection)

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Prestandard Medicare Supplement Contracts & Riders	4922AR,4867AR	Revised	<i>Previous State Filing Number</i>	
			46587	
			<i>Percent Rate Change Request</i>	

State: *Arkansas*

State Tracking Number: 49635

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Project Name/Number: /

4

Previous Version

Revised

Previous State Filing Number

Medicare

Supplement

Contracts & Riders

46587

Percent Rate Change Request

7.5

Revised

Previous State Filing Number

Medicare	90,4953,4954,4955,4956
----------	------------------------

Supplement

Contracts & Riders

46587

Percent Rate Change Request

4

Previous Version

Revised

Previous State Filing Number

Medicare	90,4953,4954,4955,4956
----------	------------------------

Supplement

Contracts & Riders

46587

Percent Rate Change Request

7.5

- Revised

Previous State Filing Number

Medicare	MSLO-1,H1-ME-MSME-
----------	--------------------

Supplement 1, H1-MI-MSHI-1

Contracts & Riders

46587

Percent Rate Change Request

4

Previous Version

- Revised

Previous State Filing Number

Medicare MSLO-1,H1-ME-MSME-

Supplement 1, H1-MI-MSHI-1

State: *Arkansas*

State Tracking Number: 49635

Company Tracking Number:

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized

Product Name: *Prestandard Med Supp Rates [2012]*

Project Name/Number: /

Contracts & Riders

46587

Percent Rate Change Request

7.5

thank you!

Sincerely,
Julie Panaro

SERFF Tracking Number:	THRV-127386683	State:	Arkansas
Filing Company:	Thrivent Financial for Lutherans	State Tracking Number:	49635
Company Tracking Number:			
TOI:	MS021 Individual Medicare Supplement - Pre-Standardized	Sub-TOI:	MS021.000 Medicare Supplement - Pre-Standardized
Product Name:	Prestandard Med Supp Rates [2012]		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	5.000%
Effective Date of Last Rate Revision:	01/01/2011
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Thrivent Financial for Lutherans	7.500%	7.500%	\$5,486	13	\$73,142	7.500%	7.500%

SERFF Tracking Number: *THR-127386683* State: *Arkansas*

Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *49635*

Company Tracking Number:

TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*

Product Name: *Prestandard Med Supp Rates [2012]*

Project Name/Number: */*

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/04/2011	Prestandard Medicare Supplement Contracts & Riders	4922AR, 4867AR Revised	Revised	Previous State Filing Number: Percent Rate Change Request:	46587 4.000 AR Proposed Rates [4922AR].pdf
Approved-Closed 10/04/2011	Prestandard Medicare Supplement Contracts & Riders	4952AR, 4952AR Revised 9-90, 4953, 4954, 4955, 4956	Revised	Previous State Filing Number: Percent Rate Change Request:	46587 4.000 AR Proposed Rates [4952AR].pdf
Approved-Closed 10/04/2011	Prestandard Medicare Supplement Contracts & Riders	H1-MS-1, HR1-MDC, H1-MO-MSLO-1, H1-ME-MSME-1, H1-MI-MSHI-1	Revised	Previous State Filing Number: Percent Rate Change Request:	46587 4.000 AR Proposed Rates [H1-MS-1].pdf

Appendix D-BMS-Rate Proposed Premiums for Forms 4922AR et al.

		Hospital	Hospital	Medical per \$100 of Surgical Max.	
		w/ Part A Ded.	w/o Part A Ded.	w/Prescription Drugs	w/o Prescription Drugs
Age					
Male	65-69	\$779.64	\$173.01	\$25.30	\$11.13
	70-74	\$779.64	\$173.01	\$25.30	\$11.13
	75+	\$779.64	\$173.01	\$25.30	\$11.13
Female	65-69	\$779.64	\$173.01	\$25.30	\$11.13
	70-74	\$779.64	\$173.01	\$25.30	\$11.13
	75+	\$779.64	\$173.01	\$25.30	\$11.13

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-authorized Check Premium = .0855 x Annual Premium

The following premiums are for 2012. They include coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719 723-729	23300	65-69	\$6,674.54	\$6,674.54	\$6,067.91	\$6,067.91
		70-74	\$6,674.54	\$6,674.54	\$6,067.91	\$6,067.91
		75+	\$6,674.54	\$6,674.54	\$6,067.91	\$6,067.91
720-722	24600	65-69	\$7,003.44	\$7,003.44	\$6,396.81	\$6,396.81
		70-74	\$7,003.44	\$7,003.44	\$6,396.81	\$6,396.81
		75+	\$7,003.44	\$7,003.44	\$6,396.81	\$6,396.81

The following premiums are for 2012. They exclude coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719 723-729	23300	65-69	\$3,372.93	\$3,372.93	\$2,766.30	\$2,766.30
		70-74	\$3,372.93	\$3,372.93	\$2,766.30	\$2,766.30
		75+	\$3,372.93	\$3,372.93	\$2,766.30	\$2,766.30
720-722	24600	65-69	\$3,517.62	\$3,517.62	\$2,910.99	\$2,910.99
		70-74	\$3,517.62	\$3,517.62	\$2,910.99	\$2,910.99
		75+	\$3,517.62	\$3,517.62	\$2,910.99	\$2,910.99

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS

Premiums for Forms 4952AR et al

Level Annual Premiums

MEDICARE SUPPLEMENT Forms 4952AR, 4952AR 9-90

Issue Age	Male	Female
65-69	1695	1695
70-74	1695	1695
75+	1695	1695

MEDICARE PART A DEDUCTIBLE RIDER Form 4953 (PER \$4 OF PART A DEDUCTIBLE)

Issue Age	Male	Female
65-69	2.25	2.25
70-74	2.25	2.25
75+	2.25	2.25

MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER Form 4954

Issue Age	Male	Female
65-69	285	285
70-74	285	285
75+	285	285

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS (continued)

Premiums for Forms 4952AR et al

Level Annual Premiums

MEDICARE PART B DEDUCTIBLE AND MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER Form 4955

Issue Age	Male	Female
65-69	1185	1185
70-74	1185	1185
75+	1185	1185

OUTPATIENT PRESCRIPTION DRUG USUAL AND CUSTOMARY CHARGES RIDER Form 4956

Issue Age	Male	Female
65-69	5310	5310
70-74	5310	5310
75+	5310	5310

AREA FACTORS - Arkansas

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.9
720-722	1.0

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-authorized Check Premium = .0855 x Annual Premium

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS (continued)
Proposed Premium Changes for Forms 4952AR et al
Level Annual Premiums

MEDICARE SUPPLEMENT
Forms 4952AR, 4952AR 9-90

Issue Age	Male	Female
65-69	3.99%	3.99%
70-74	3.99%	3.99%
75+	3.99%	3.99%

MEDICARE PART A DEDUCTIBLE RIDER
Form 4953
(PER \$4 OF PART A DEDUCTIBLE)

Issue Age	Male	Female
65-69	4.65%	4.65%
70-74	4.65%	4.65%
75+	4.65%	4.65%

MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER
Form 4954

Issue Age	Male	Female
65-69	3.64%	3.64%
70-74	3.64%	3.64%
75+	3.64%	3.64%

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS (continued)

Proposed Premium Changes for Forms 4952AR et al

Level Annual Premiums

MEDICARE PART B DEDUCTIBLE AND MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER Form 4955

Issue Age	Male	Female
65-69	3.95%	3.95%
70-74	3.95%	3.95%
75+	3.95%	3.95%

OUTPATIENT PRESCRIPTION DRUG USUAL AND CUSTOMARY CHARGES RIDER Form 4956

Issue Age	Male	Female
65-69	4.02%	4.02%
70-74	4.02%	4.02%
75+	4.02%	4.02%

AREA FACTORS - Arkansas

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.9
720-722	1.0

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-authorized Check Premium = .0855 x Annual Premium

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D_LB

Proposed Premiums for Forms H1-MS-1, et al

LEVEL ANNUAL PREMIUMS NOT INCLUDING AREA FACTORS SHOWN BELOW

Issue Age	Form H1-MS-1	Form HR1-MDC with Form H1-MS-1
All	\$ 1,064	\$ 1,382

\$10 policy fee must be added.

AREA FACTORS - ARKANSAS

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.80
720-722	0.95

Semiannual Premium = $.510 \times \text{Annual Premium} + \0.50

Quarterly Premium = $.257 \times \text{Annual Premium} + \0.75

Monthly Premium = $.088 \times \text{Annual Premium} + \1.00

Monthly Pre-authorized Check Premium = $.086 \times \text{Annual Premium} + \0.40

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

SERFF Tracking Number: THRV-127386683 State: Arkansas

Filing Company: Thrivent Financial for Lutherans State Tracking Number: 49635

Company Tracking Number:

TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized

Product Name: Prestandard Med Supp Rates [2012]

Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/25/2011	Rate and Rule	Prestandard Medicare Supplement Contracts & Riders	10/04/2011	AR Proposed Rates [4922AR].pdf (Superceded)
08/25/2011	Rate and Rule	Prestandard Medicare Supplement Contracts & Riders	10/04/2011	AR Proposed Rates [4952AR].pdf (Superceded)
08/25/2011	Rate and Rule	Prestandard Medicare Supplement Contracts & Riders	10/04/2011	AR Proposed Rates [H1-MS-1].pdf (Superceded)